**Top 10 Claims Most Likely to be Flagged by Data Mining Software**

Healthcare finance and compliance professionals are rightly concerned about billing errors that result in overpayments, but they should also use data analytics—known as data mining—to find potential revenue opportunities from the unreported and underreported conditions that lead to underpayments. This was the essence of a presentation by Paul Belton, vice president for corporate compliance at Sharp HealthCare in San Diego, when he spoke at the Health Care Compliance Association’s regional conference recently in Orange County, California.

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Hospitals and health systems should be proactive about audits of overpayments and underpayments, said Paul Belton, vice president for corporate compliance at Sharp HealthCare, San Diego, when he spoke at the Health Care Compliance Association’s regional conference in Orange County, California. Through his audits, Belton determined the following claims to be mostly likely flagged by his data mining software.

* DRG w/ Actual LOS (length of stay) Greater than GMLOS (geometric mean length of stay)
* DRG 193-195 Simple PNA (pneumonia) w/ LOS >4
* DRG w/o CC (complication or comorbidity)/MCC (major complication or comorbidity) w/ 2Dx of CHF (congestive heart failure) unspecified
* DRG w/ Unspecified Shock as the only CC
* DRG w/o CC/MCC w/ Altered Mental Status (AMS) as 2Dx
* DRG 689-690 UTI w/ LOS >4 days or DRG 689 w/ AMS as 2Dx
* DRG 872 Sepsis w/o MCC w/ LOS >4 days
* DRG Surgical w/o CC
* DRG Any Infectious PDx (Cellulitis, Appendicitis, Cholecystitis, except Sepsis) w/ Organ Failure as 2Dx w/ LOS >3 days
* DRG Sign and Symptoms as PDx w/ LOS >3 days

*Source*: Sharp HealthCare. Used with permission.